



PO Box 100, Monticello IN 47960 Phone: 877-498-6900 Fax: 866-763-6576 Email:thom@tcbinspro.com

### Contingent Auto Liability Application

#### Section 1 – General Information

Name of Insured: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email / Website address: \_\_\_\_\_

Date business established: \_\_\_\_\_

Please list any commonly owned companies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Section 2 – Operation Information

Type of Operation: Freight Brokerage \_\_\_ Freight Forwarding \_\_\_

Filing Required? \_\_\_ DOT # \_\_\_\_\_

Type of Freight Managed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What steps do you take to verify the Motor Carriers you do business with? \_\_\_\_\_

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Estimated Gross Receipts for upcoming year: \$ \_\_\_\_\_

Gross Receipts last Year: \$ \_\_\_\_\_

**Section 3 – Insurance Information**

Have the insured ever have coverage of this type cancelled or non-renewed? \_\_\_\_ If Yes, Explain:

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Limits of Coverage Required: \_\_\_\_ \$750,000 \_\_\_\_ \$1,000,000

Date Coverage Required: \_\_\_\_\_

Prior Insurance Carrier(s): \_\_\_\_\_

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Loss History: \_\_\_\_\_

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Additional  
Comments: \_\_\_\_\_

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This application shall not be binding on the Underwriters unless and until a contract of insurance shall be issued and delivered in accordance herewith and then only as of the commencement date of said Insurance and in accordance with all terms thereof and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the Applicant, and the same are hereby made the basis and condition of the Insurance.

SIGNED AT:

This      day of      20

By

(APPLICANT)

(Applicant should state official position)

AGENT

Location of Agency: